



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR APPROVAL OF AN IN-SERVICE TRAINING PROGRAM

Please send application to:
Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108

Exempt companies defined in 520 CMR 6.06 that seek to be exempt from the licensing and permitting requirements of 520 CMR 6.02 and 6.03 shall submit an application as well as a copy of all curriculums, training materials, Company Licenses to be issued, a list of Hoisting Machinery, including model and make, to be used, and a list including the names and Massachusetts Hoisting Machinery License numbers of all Instructors. Curriculum must contain the minimum topics and associated hours for those topics as listed in 520 CMR 6.07(4). Approval for any In-Service Training Program shall be valid for 2 years from the date of issuance.

Company Name: _____ Telephone #: _____

Location Address: _____
(Street) (City) (State) (Zip Code)

Name of In-Service Training Program Coordinator: _____

Mailing Address (Program Coordinator): _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ E-mail Address: _____

****Please submit a legible photocopy of the In-Service Training Program****
Supervisory Employee's Massachusetts Hoisting License

Name of In-Service Training Program Supervisor: _____

Mailing Address (Supervisor): _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ E-mail Address: _____ SSN #: _____
(Mandatory)

Hoisting License #: _____ License Restriction(s): _____ Expires: _____

CURRICULUM AND TRAINING MATERIALS

Please submit a copy of your curriculum and training materials for **each** restriction that complies with the listed hours below and the requirements of 520 CMR 6.07(4).

CLASS 1 HOISTING 4 HOURS	CLASS 2 EXCAVATING 4 HOURS	CLASS 3 TOWER/ELECTRIC & AIR 4 HOURS	CLASS 4 SPECIALTY 4 HOURS
1A - Derricks / Lattice Cranes 1B - Telescoping Boom w/cables cranes 1C - Telescoping booms w/o cables, forklifts	2A - Excavators 2B - Front end loader/backhoes 2C - Front end loaders / unloaders 2D - Compact Hoisting Machinery	3A - Air or electric powered	4A - Unlimited Specialty Series
2 HOURS			2 HOURS
1D - General industrial warehouse Fork Lift equipment			4B - Drill Rigs 4C - Pipeline side booms 4D - Concrete Pumps 4E - Catch Basin Cleaner 4F - Sign Hanging Equipment 4G - Specialty Lawn Mower

COMPANY LICENSES

Facilities shall issue a Company License to those who satisfactorily complete an In-Service Training program and pass an examination. Company Licenses shall contain the following information:

- a. Name of company Licensee;
- b. Address of company Licensee;
- c. Name and address of the institution or organization providing the In-Service Training program;
- d. The printed name and legible signature of supervisory Massachusetts Hoisting Licensee verifying participant has completed the In-Service Training program;
- e. The License number of the Licensee endorsing the Company License.;
- f. A photograph of the company Licensee.

Each program must provide a means to ensure Company License authenticity. Such means shall include, but not be limited to:

1. Embossment of Company License
2. Computer data transfer of program participants
3. Signature verification
4. Numbered Company Licenses
5. Date of issuance
6. Date of expiration.

LIST OF IN-SERVICE TRAINING PROGRAM INSTRUCTORS

Please list all the names, Massachusetts Hoisting Machinery License numbers, and submit legible photocopies of the Massachusetts Hoisting Licenses of the Instructors that will be part of the In-Service Training Program
(please attach additional documentation to this application if additional space is required)

Name	Hoisting Number	Restrictions	Expiration Date

LIST OF HOISTING MACHINERY FOR IN-SERVICE TRAINING PROGRAM

Please list the Make and Model of all the Hoisting Machinery to be used in the company's In-Service Training program.
(*please attach additional documentation to this application if additional space is required*)

Make	Model	Make	Model

PREREQUISITES

ALL of the following items **MUST** be submitted with this application in order for your application to be processed properly.
Failure to submit all required information will result in unnecessary delays.

- ☐ A completed application.
- ☐ Copy of your curriculum(s) and training materials for each restriction.
- ☐ Copy of Company Licenses to be used for the In-Service Training Program.
- ☐ List of all the names, Massachusetts Hoisting Machinery License numbers, and legible photocopies of the In-Service Training Program Instructors' Massachusetts Hoisting Licenses.
- ☐ List of all Hoisting Machineries' make and model to be used in the In-Service Training Program.

I certify under the penalties of perjury that to my best knowledge and belief the statements herein made are true and correct; that the application is made in good faith; that I have complied with all the requirements of law; and that I meet all qualifications for approval by the Department of Public Safety under 520 CMR 6.00. I further understand that a false statement made in this application is sufficient cause of rejection or revocation of an In-Service Training Program. I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Signature of Program Coordinator

Date

Signature of In-Service Training Program Supervisor

Date